


EPA United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number Argite, LLC / 87373-80		2. EPA Product Manager Erik Kraft	
4. Company/Product (Name) Argite, LLC/ARG Sulfosulfuron Technical		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) Argite, LLC 5000 CentreGreen Way, Suite 100 Cary, NC 27513		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. - Product Name -	
<input type="checkbox"/> Check if this is a new address			
Section II			
<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated XX-XX <input type="checkbox"/> Notification - Explain below.		<input checked="" type="checkbox"/> Final printed label in response to Agency letter dated 4-22-2020 <input type="checkbox"/> "Me Too" Application <input type="checkbox"/> Other - Explain below.	
Explanation: Use additional page(s) if necessary. (For section I and Section II.)			
Notification of Final Printed Label. Submission of the final printed labeling per the Agency letter dated April 22, 2020. Kristen.Cianni@atticusllc.com			
Section III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt. No. per Container <div style="text-align: center;"> </div>	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt. No. per Container <div style="text-align: center;"> </div>	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) Paper or plastic bags, PE lined fiberboard or HDPE drums, supersack
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 55.12 lb (25 kg); bulk		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Kristen Cianni		Title Regulatory Specialist	Telephone No. (Include Area Code) 984-465-4754
Certification			6. Date Application Received (Stamped)
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			
2. Signature 		3. Title Regulatory Specialist	
4. Typed Name: Kristen Cianni		5. Date: June 16, 2020	